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	Please	charge my Deposit Account No. 50-1417 in the amount of \$
X	A chec	is attached in payment of:  DIT CARD PAYMENT FORM FOR \$86.00
x		ommissioner is hereby authorized to charge payment of the following fees associated with this communication dit any overpayment to Deposit Account No. 50-1417.
	x	Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
	x	Any patent application processing fees under 37 CFR 1.17.
	x	Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: June 10, 2004

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